

Management Evaluation Guide for Medical Assistance



Questions?

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The Medical Assistance Management Evaluation (ME) Process

In accordance with the Intergovernmental Agreement (IGA) between the Department of Economic Security (DES) and Arizona Health Care Cost Containment System (AHCCCS), AHCCCS Quality Compliance Administration (QCA) will conduct Management Evaluation (ME) reviews at selected DES eligibility sites. At least 10 full reviews will be conducted annually with follow-up reviews scheduled as needed. AHCCCS QCA will coordinate the scheduling of reviews with DES Office of Program Evaluation (OPE) so that an eligibility site is not subjected to simultaneous or back to back ME reviews from both QCA and OPE. DES and AHCCCS Administration have jointly developed the AHCCCS ME process. DES and AHCCCS Administration will jointly agree with the selection of DES eligibility sites.

The AHCCCS ME review is designed to assist DES local office management in providing accurate and consistent MA eligibility determinations. Through a series of case reads, interviews with staff, and independent observation, the AHCCCS ME team will identify areas within the eligibility determination process that negatively affect services to the client or could result in an increased cost to AHCCCS.

AHCCCS ME will review actions taken in the review month. The Review month is the calendar month in which the reviewed action occurred, including all actions taken on the case that resulted in the determination of that case. All months impacted by the action under review will be considered. AHCCCS ME reviews all actions taken on a case regardless of the reason it was selected.

For example: December is the eligibility site's review month. A client submits an application on October 31st that is completed (members are either approved and/or denied) on December 2nd. AHCCCS ME reviews all actions completed on that case that resulted in the December 2nd action from application month to current system month.

In certain instances AHCCCS ME will also read cases to ensure that the proper procedures are being followed. When case reads are reviewed, AHCCCS ME will consider the case read process as well as the accuracy of the decision that was read. Cases that are referred from other agencies will be read to determine if the special procedures put in place for each type of referral are being followed, as well as timely and accurate decisions being rendered. We will also look at the change process and the accuracy of the change decisions.

The ME team will analyze the results of the review and provide a full report to the local office identifying any areas that are not in compliance with the IGA, State and Federal regulations, or do not follow the policies and procedures outlined in the DES AIMBIG manual. The ME team will monitor corrective action plans submitted by DES and re-review non-compliant areas.

Thirty days prior to an AHCCCS ME review, the lead ME reviewer assigned to the eligibility site will contact the Local Office Manager (LOM) and the District Program Manager (DPM) to advise that an AHCCCS ME review has been scheduled for that eligibility site. The LOM will be asked to appoint a contact person for the AHCCCS ME team. The contact person will be responsible for:

- Obtaining local office reports which will be used to select cases for specialized case reviews.
- Completing a local office profile (attachment A).
- Arranging entrance and exit conference space.
- Assisting the ME team in obtaining access to files for review.
- Locating work space for the reviewers during the visit (Case reviews will be conducted off site if there is not enough space at the eligibility site).
- If a hospital site is selected for review, the cases determined in the month prior to the review should be held at the hospital.

The ME Team will visit the eligibility site. On the first day of an initial review an entrance conference will be held to acquaint the LOM, Supervisors and eligibility site staff with the content of the review. (Entrance conferences will be conducted during re-reviews only upon request to acquaint new staff.) Although it is important for the ME team to have access to supervisors, PSEs and support staff, the team will be flexible when conducting interviews with staff, so as to have minimal impact on the workflow of the eligibility site. The AHCCCS ME review will generally take one week.

The review will be based upon documents and information in the file (or the view center) and contained in AZTECS at the time of review. AHCCCS ME will provide copies of the review sheets attached to the case files when they are completed. An informal exit conference will be held when the review has been completed to share the initial findings of the review.

The eligibility site has fifteen (15) calendar days from the day after the informal exit conference to protest AHCCCS ME findings. Details for filing a protest can be found on Page seven. A formal exit conference will be scheduled no later than 90 days from the ME review completion date. At that time, the formal report will be issued to the eligibility site, with copies to:

DES

Assistant Director, DBME;
Program Administrator, FAA
Policy Manager, FAA
Internal Operations Manager, FAA
State Quality Coordinator, FAA
District Program Manager

AHCCCS

Assistant Director, DMS
Program Administrator, QCA
Executive Assistant, DMS/AD

The eligibility site will have 30 days following the formal exit conference to submit a Corrective Action Plan (CAP) to address any areas of non-compliance. Attachment J outlines the elements of the FAA Corrective Action Plan.

For noncompliant sites, the AHCCCS ME team will schedule a follow-up review approximately 120 days following the formal exit conference. This review and any subsequent reviews will be coordinated with the eligibility site. AHCCCS ME may conduct a maximum of two re-reviews of areas found to be non-compliant.

Management Evaluation Review

AHCCCS ME will contact the local office via e-mail at least one month prior to the ME Review. This initial notification will include:

- ❖ The date of the review.
- ❖ A request for office contact person(s) who will be responsible to provide logs and reports to AHCCCS ME, schedule entrance and exit conferences, provide requested case files (for offices that are not imaged), assure the availability of local office staff and provide work areas for AHCCCS ME staff during the review.
- ❖ Hospital sites will also be asked to hold all cases processed during the review month for ME to choose a random sample for the review.

All requested case files will be due to AHCCCS ME by noon on the first day of the review. Case files requested by ME, but not provided for review will be cited as “unable to determine” since the reviewers are unable to determine whether actions taken were correct without the file.

I. Approvals:

AHCCCS ME will randomly select twenty-five approval cases from a report provided by FAA systems. (In hospital settings, approvals will be selected by cases that are held at the site.) Twenty cases are scored in the approval area; five will be used as replacement cases, if needed. AHCCCS ME will use the Approval Case Worksheet (attachment B) to score these cases.

II. Denials/ Closures:

AHCCCS ME will randomly select twenty-five Denial/Closure cases from a report provided by FAA systems. (In hospital settings, denial/closures will be selected by cases that are held at the site.) Twenty cases are scored in the denial/closure area; five will be used as replacement cases if needed. AHCCCS ME will use the Denial/Closure Case Worksheet (attachment C) to score these cases.

III. Timeliness:

Each approval or denial/closure case is also reviewed for timeliness to score this area. The following will be reviewed:

- ❖ Was the case processed timely?
- ❖ If not processed timely, was the correct untimely reason keyed?
- ❖ Were timely actions taken for each A/P?
- ❖ Only initial applications and renewal applications will be reviewed for this area.

If a case is processed untimely and there is no documentation to support the untimely reason code, the timeliness for that case will be considered an error. The score for timeliness is determined by dividing the number of cases timely by the total number of approval and denial/closure cases read. This will provide the percentage of correct cases for timeliness. See XII ME Scored Areas and Weights for the weight assigned to timeliness.

IV. Changes

AHCCCS ME will randomly select twenty-five change cases from ACTS that were closed in the review month by the office. Twenty cases are scored in the change area; five will be used as replacement cases, if needed. AHCCCS ME will review reported changes, by reviewing the information in the system and the case file to determine the accuracy and timeliness of the change actions and decisions. AHCCCS ME will use the Change Activity Case Worksheet (attachment D) to score these cases.

V. Case Reads:

AHCCCS ME will randomly select twelve cases per office or six cases per reader, whichever is greater from the CATS/TarCATS reports. These cases will be selected from the logs provided by the eligibility site, that were read during the review month. The AHCCCS ME team will review case reads by the Supervisor(s) and Case Readers. The same number will be read for each reader. If a reader is not assigned to the eligibility site, the entire weight for this section will be applied to the Supervisor reads.

AHCCCS ME will use questions from the CATS and TarCATS forms, as well as the Supervisor/Reader Worksheet (Appendix E), to complete case reads for these areas. AHCCCS ME will be reviewing for:

- ❖ The accuracy of the case read.
- ❖ The timeframe given to the PSE for corrections.
- ❖ The time frames in which corrections were made.
- ❖ Accuracy of the corrections made by the PSE.

Cases will be read using the most recent FAA Case Read Handbook that has been provided to AHCCCS ME and case read questions will be changed when revised in CATS/TarCATS by DES and provided to AHCCCS ME.

VI. Deemed Newborn:

AHCCCS ME will randomly select eighteen deemed newborn cases from the CR600 report provided by the selected site. Fifteen cases are selected in the deemed newborn area; three will be used as replacement cases, if needed. When reviewing the deemed newborn cases, the reviewer will be assessing compliance with the process and procedures for deemed newborns as outlined in AIMBIG. AHCCCS ME will use the Deemed Newborn Worksheet (Appendix F) to review these cases.

VII. Referral Processes:

AHCCCS ME will randomly select twenty-five referred applications from tracking logs of cases that were received in the review month, provided by the local office or the referring agency. Twenty cases are scored in the referral area; five will be used as replacements, if needed. Referrals from the following areas will be reviewed: CSU, BHS, KC, Health-e-Arizona, and Baby AZ. The AHCCCS ME team will review referred applications to determine whether established processes and procedures were followed, as well as the eligibility criteria. Eligibility sites with no referrals in the review month will not be scored and additional weight will be added to the deemed newborn process score. AHCCCS ME will use the Referral Worksheet (Appendix G) to review these cases.

VIII. PDQC Process:

AHCCCS ME will randomly select thirty-six cases when reviewing Hospital Eligibility sites in place of the Deemed Newborn and Referral process cases. Thirty cases are scored in the PDQC area; six will be used as replacements, if needed. Eligibility sites with hospital(s) attached will have cases selected in addition to the Deemed Newborn and Referral cases. These additional cases will be scored in the PDQC area. The AHCCCS ME team will review hospital applications to determine whether established processes and procedures, as contained in AIMBIG were followed. AHCCCS ME will use the PDQC Process Worksheet (Appendix H) to score these cases. Since PDQC uses CADO to determine if resolutions to discrepancies have been resolved, CADO documentation must support the resolution of discrepancies.

IX. Interviews with Staff:

The AHCCCS ME team will conduct interviews with the LOM, ALOM, Supervisors, PSEs and Support Staff to determine if the application process being followed is effective and quality-oriented. The information derived from these interviews will be used to provide the AHCCCS ME Team with overall information regarding the eligibility site's operating procedures. They also provide an opportunity for eligibility site staff to present recommendations that would enhance the medical assistance eligibility determination process. This area will not be scored.

X. Appointment Scheduling and Lobby Area:

The Central Appointment Register (CAR) and front desk processes will be observed to determine the eligibility site's procedures for appointment scheduling and screening. AHCCCS ME will observe how participants are accommodated with special appointment times, telephone interviews and home visits. The results of this area will not be independently scored but will be evaluated and addressed in the report.

XI. File Room / Imaging Procedures

AHCCCS ME will review the eligibility site's file room and filing procedures to determine if case files are stored appropriately and if case file routing activities are completed in a timely and accurate manner. In offices with imaged cases, the imaging process will be reviewed in lieu of the file room. This is not a scored area; however, observations will be documented in the AHCCCS ME report.

X11. Protests

The eligibility site has 15 calendar days from the informal exit to protest any citing by AHCCCS ME. Protests must be in writing and **MUST** include substantiating evidence and documentation. Protests must be submitted via e-mail or fax to the Lead ME Reviewer and the ME Supervisor. If protests are not received by the deadline and an extension has not been granted, the individual case findings and subsequent scores will be final. AHCCCS will respond to protests within 30 days. If the office disagrees with AHCCCS ME's findings after the protest response, the office may request a review of the ME decision. The request for review must be e-mailed or faxed to the AHCCCS QC Administrator within 15 calendar days of the response from ME. The AHCCCS QC Administrator will issue a final determination for each case that was protested.

Definitions of Case Findings

All months impacted by the action under review will be considered. AHCCCS ME reviews all actions taken on a case regardless of the reason it was selected. The findings are cited on **approvals, denial/closures and changes** as follows.

- **Correct** - Based on AIMBIG Policy and Procedures, the Intergovernmental Agreement, State and Federal Regulations, the decision rendered by DES was appropriate (documentation supports the decision) all procedural guidelines were followed, and accurate notification was sent advising the A/P of the DES determination.
- **Incorrect** - Based on AIMBIG Policy and Procedures, the Intergovernmental Agreement, State and Federal Regulations, the actions taken by DES were not appropriate. An incorrect decision is one that results in one or more of the following:
 - Additional cost to AHCCCS,
 - Loss of services to the applicant/member,
 - The Applicant/Participant was not appropriately notified.
- **Unable to Determine** - No case file was provided to ME or there was not enough information or documentation in the case file or AZTECS to allow the ME reviewer to make a decision on the actions taken.
- **Deficiency** - A deficiency is generally an error that does not impact services to the A/P or result in an additional cost to AHCCCS.

In addition to the above, for **Changes, Referrals, Deemed Newborns and PDQC cases** we are also looking at procedural guidelines. Because of these special processes, the following also apply:

- **Correct** – all processes and procedures were followed.
- **Incorrect** – the process and/or procedures were not correctly followed.
- **Unable to determine** – there was not enough information to determine if the process was followed correctly.
- **Deficient** – the process was followed, however there were keying errors (i.e. spelling of the name).

Case Read findings will be based on all of the above criteria and also the criteria found in the DES/FAA Case Read Handbook.

Tolerance Levels

Each area listed will be scored according to the definitions on the previous page and weighted according to the chart on the following page. Within each scored area a tolerance level will be allowed as follows:

- Deficient cases will be allowed a 15% tolerance.
- Unable to Determine cases will be allowed a 5% tolerance.
- There will be zero tolerance allowed for incorrect cases.

AHCCCS ME Scoring Methodology

Each scored area is given a weight that represents a percentage of the overall score. The total weight of all scored areas equals 100 or 100%. The weight assigned to each scored review area will vary, depending upon whether the site is a local office, a hospital or a local office with one or more hospitals attached.

Area cited	Local Office site	Hospital(s) site	Local Office site with Hospital(s)
Approvals	20%	25%	20%
Denials/Closures	20%	20%	15%
Supervisor Reads			
QA Reads	20%	20%	20%
Deemed Newborns	10%	0%	10%
Referrals	5%	0%	5%
Changes	10%	0%	5%
PDQC	0%	20%	10%
Timeliness	10%	10%	10%
Public Information	5%	5%	5%
	100%	100%	100%

The score for each area is derived by dividing the number of cases correct, incorrect, etc. by the number of cases pulled for that area, after allowing for tolerance levels listed above. Each scored area has a possible score value of 100%.

There are scoring examples on the following page.

Scoring Examples:

#1. 20 approval cases pulled for review and all 20 cases are correct, a score of 100% is given.

#2. 20 cases pulled for review in the Approval category.
15 cases are correct
3 cases are incorrect
2 cases are deficient
0 cases are undetermined

15 corrects divided by 20 cases pulled equals 75% of the cases pulled are correct.

3 incorrect cases divided by 20 cases pulled equals 15% of the cases pulled are incorrect.

2 deficient cases divided by 20 cases pulled equals 10% of the cases pulled are deficient.

0 cases are undetermined equals 0% are undetermined.

The total % scored in each area is deducted from the total possible of 100.

Incorrect score is	15%
Deficient score is	0% (only the portion of the score over 15% tolerance is counted in the deficient area)
Undetermined score is	0% (only the portion of the score over 5% tolerance is counted in the undetermined area)
Total	15% deducted from a possible 100% equals a score of "85" in the approval category.

The score for each area is multiplied by the weight to arrive at the weighted score.

Example:

In the example above the score for the approval category is "85". 85 multiplied by 20 or 20% (the weight for the approval category) equals "17", this becomes the weighted score for the approval category.

The weighted score for each reviewed area is then totaled to arrive at the total score for the eligibility site.

These standards as agreed upon in the AHCCCS/DES IGA will be used for ME purposes.

- Full compliance is 95 – 100%
- Substantial compliance is 90% – 94%
- Minimal compliance is 80% - 89%
- Non - compliance is below 80%

Elements of the Corrective Action Plan

The eligibility site will be required to develop a Corrective Action Plan (CAP) to address all scored areas that did not meet minimal compliance (80%).

AHCCCS ME will notify FAA Administration, the District Administration and the eligibility site whenever a CAP is required. Any CAP for a non-compliant area cited in an ME review is due within 30 days following the formal exit conference. An extension of that due date may be requested via e-mail to the ME Lead Reviewer and the ME Supervisor prior to the due date. An extension will not change the date of the re-review; it will only shorten the amount of time the eligibility site has to implement the CAP.

See Attachment J for the CAP format developed by DES/FAA. All questions regarding the completion of this form should be directed to FAA Central Office Staff.

The eligibility site will ensure that case corrections are completed on all cases cited incorrect, undetermined and/or deficient. A report of the case corrections made by the eligibility site will be submitted with the CAP.

Re-review Procedures

Only areas that scored below 80% at the initial ME review will be subject to the ME re-review. Workspace will need to be provided for the AHCCCS ME reviewers and Supervisor just as it was for the initial review. No entrance conference or informal exit conference will be completed; however, the ME team will meet briefly with the LOM or his/her representative prior to leaving the office at completion of the re-review.

In addition to reviewing cases in the non-compliant areas ME will be looking at procedures and processes put in place as a result of the eligibility sites corrective action plan. The following may be reviewed as a part of this process:

Training:

Training Schedule
Subject covered
Attendance list

Log Books:

Instructions for completing the logbook
Monitoring of log book, (who, how often?)

Forms:

Purpose of the form?
Are forms being used?

Case Re-Reviews:

Random selection of cases cited as incorrect, deficient or undetermined at the initial review, will be reviewed to determine if the issue cited has been resolved. This area will not be scored but the results will be included in the re-review final report.

Scoring:

The same scoring methodology will be used in the re-review. The scores from the areas that met compliance at the initial review will be carried over and included with the scores from the re-reviewed areas to arrive at an overall score for the eligibility site.

The AHCCCS ME team will contact the LOM to schedule a formal exit conference and provide a formal written report of review findings approximately thirty days (30) from resolution of all protests.

Eligibility Site Profile

Instructions for filling out this form IF ADDITIONAL SPACE IS NEEDED MAKE ADDITIONAL COPIES.

1. Fill in the current date.
2. Fill in the name of the person completing the form.
3. Fill in the number of units at the site code.
4. List all staff assigned to the site code under their specific job title. Example: Office Support Staff, Program Service Evaluator, etc.
5. List their current grade.
6. List their PCN.
7. List their case load I.D. (Cse Id ID)
8. Place an "x" or other mark under the appropriate length of time under that title. For Instance, if a person worked as a clerk for two years then promoted to PSE and has been a PSE for 8 months, he/she would be listed under PSE's and a mark would be placed in the column 6-12 mos. If a worker was an OST or PSE with the county and laterally moved to DES in the same job title include the total mos/yrs of experience at that job title.
9. List the highest PACT level the worker has attended.
10. Under Management Team list the Office Manager, Assistant Manager, QA readers assigned to the site code and supervisors. List all Management Staff assigned to your particular site code.

Environmental Factors:

List the number of positions available during the review month (usually the month prior to the ME Review) and the number of vacancies or persons on extended leave for the same period of time.

Date:

Information Provided By:

Total Number of Units :

Office Support Staff	Experience in Current Position	Training
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[illegible]

Program Service Evaluators	Experience in Current Position	Training
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[illegible]

Eligibility Site Profile

Management Team				Experience in Current Position					Training
Name	Grade	PCN	Cse Id ID	< 6-Mos.	6-12 mos	1-2 Yrs	2-3 Yrs	> 3 Years	Highest PACT Comp

Environmental Factors (During the Review Period)

Title	No. of Available Positions	No. of Vacancies or Staff on Extended Leave
PSE		
Supervisor		
Case Reader		
ALOM/LOM		
Office Support		

ME APPROVAL CASE WORKSHEET

Case Name _____ Case Number _____ Site Code _____
 Reviewer _____ Review Date _____ Review Month _____

App Date _____ Rec'd Date _____ Int. Date _____ Det. Date _____

Timely Yes No

GC _____

Score: Correct _____ Incorrect _____ Undetermined _____ Deficiency _____

1	Applications	C	I	UD	D	NA
A	Is an identifiable application in file?					
B	Is there a completed application in the file?					
C	Is this application correctly registered as a referred application?					
D	Is the case in the current system month?					
2	INDA, ADDR, SEPA, PRAP					
A	Was the interview completed timely?					
B	Is the pre-enrollment information keyed correctly?					
C	Has the current address been entered correctly?					
D	Have the correct position numbers been entered correctly? Parent/spouse					
E	Have all the mandatory members been included/applied for?					
F	Have DCSE sanctioned members been identified/excluded? (PRAP)					
G	Are all BU members coded correctly?					
3	MAST, TEOA					
A	Have all pregnant members been identified/verified/keyed?					
B	Is any BU member temporarily out of the home?					
C	Are members who are temporarily out of the home keyed correctly?					
4	Citizen/Non-citizen (RESE, IDCI)					
A	Has questionable citizen status been verified?					
B	Has non-citizen status been verified?					
C	For non-citizens, were medical services indicated in the app month?					
D	Has the system been coded correctly?					
E	Has Residency including intent to remain been explored and documented?					
5	SSDO					
A	Has school status been established for working dependent children?					
B	Has SSDO been coded correctly?					
6	SPRD – APSR					
A	Has deprivation been established, verified, and keyed?					
B	If applicable, has medical support referral been completed?					
C	Has good cause been established for not cooperating with DCSE?					
D	Have sanction actions been taken for non-cooperation with DCSE?					

ME APPROVAL CASE WORKSHEET

7	INCOME (EAIN, UNIN, SEEL, UNIE, DEID, MAGH)	C	I	UD	D	NA
A	Have other systems sources been reviewed? BG01, BAGQ, WTPY, CHSP					
B	Have discrepancies/inconsistencies from other sources been resolved?					
C	Have income from other sources been included?					
D	Has income from all BU members been considered?					
E	Has 3-step verification of income been documented?					
F	If participant statement use, did supervisor sign off?					
G	Has frequency of income been documented (consider 0 pay)?					
H	Has income been calculated (converted to monthly amount) correctly?					
I	Have anticipated changes been considered?					
J	Has contract income been calculated correctly?					
K	Has cash contributions been considered?					
L	Has self-employment income been verified correctly?					
M	Have self-employment expenses been verified correctly?					
N	Has self-employment income been calculated correctly?					
O	Has the unwed minor parent's parent income been deemed correctly?					
P	Has educational income been verified?					
Q	Is a copy of EDWO in case file?					
R	Was referral for potential benefits completed when appropriate?					
S	Was unearned income coded correctly?					
8	Expenses (EXNS)					
A	Has Expenses Exceed Income (EEI) been explored/documentated?					
B	Have actions been taken to resolve EEI situations?					
C	Have childcare expenses been entered correctly?					
9	Hospitalized Y/N Treat and Release Y/N					
A	Was MAGH coded correctly?					
C	Is an incapacity statement documented in the file?					
D	Is a referral to PDQC appropriate? Y/N					
E	Was a referral to PDQC made?					
F	If appropriate, was the referral made in a timely manner?					
G	Was a PDQC investigation completed? Y/N					
H	Were PDQC findings documented in file?					
I	Were PDQC findings utilized?					
J	Did the supervisor override the PDQC findings?					
K	For T&R, is date of application correct?					
L	For T&R, is the appointment scheduled appropriately?					
M	For T&R completed applications, are appropriate fields keyed on INDA?					
10	Third Party Liability					
A	Has TPL been explored and documented?					
B	Has HEIC and HEID been coded accurately?					

ME APPROVAL CASE WORKSHEET

11	Medical Spend Down (INCOME)	C	I	UD	D	NA
A	Was the income worksheet completed? Y/N					
B	Was the correct income period used?					
C	Was income received during the spend down verified correctly?					
D	Was income calculated (count/converted/budgeted) correctly?					
E	Was the correct income standard used? (FPLx3)					
F	Was income data entered accurately in AZTECS?					
12	Resources (LIAS, FIAC, VEHI, OTAS)					
A	Have resources been entered? (MED)					
B	Have resources been counted correctly? (MED)					
C	Is acceptable verification present? (MED)					
D	Has reduction of resources been verified correctly? (MED)					
E	Have deposits to accounts been reviewed as income or resources?					
13	Medical Spend Down (EXPENSES)					
A	Was the medical expenses worksheet completed? Y/N					
B	Was the correct expenses period used?					
C	Were expenses verified correctly?					
D	Were expenses calculated correctly?					
E	Was Third Party Liability explored/documentated and verified?					
F	Was Third Party Liability used correctly?					
G	Was expense data entered accurately in SPME and SPDC?					
14	Other					
A	Does documentation support the decision?					
B	Were appropriate actions taken for all HH members?					
C	Was a chronic or serious illness identified and keyed correctly on MAGH?					
15	Notices					
A	Was a timely decision notice sent to the member?					
B	Was the correct notice sent?					
C	Was the decision notice sent to the correct address?					
D	Are the participating persons correctly identified?					
E	Are the correct approval periods identified?					
F	Was MED participant informed of 60-day one-time adjustment period?					

ME APPROVAL CASE WORKSHEET

Comments

ME DENIAL/CLOSURE WORKSHEET

Case Name _____ Case Number _____ Site Code _____

Reviewer _____ Review Date _____ Review Month _____

App Date _____ Rec'd Date _____ Int. Date _____ Det. Date _____

Timely YES NO GC _____ Change N/A

SCORE: Correct _____ Incorrect _____ Undetermined _____ Deficient _____

1.		YES	NO
a	Was Denial/Closure code appropriate?		
b	Denial/Closure code used: _____ Correct code: _____		
c	Is a signed application in the case file?		
CODE	DENIAL/CLOSURE REASON	QUESTIONS	C I UD D NA
2.	NR Newborn Does not live with mother in Arizona	a Was NB update notice sent?	
		b Were additional contacts attempted/documented?	
3.	NX Failed to respond with NB information	a Were appropriate time frames allowed?	
		b Was correct date of ineligibility used?	
		c Does documentation support the decision?	
4.	PB Failed to apply for possible benefits	a Were potential benefits appropriate for referral?	
		b Was the referral documented?	

***Answer all five questions in this section for 5 through 9**

5.	AD	Child given up for adoption	a	Were correct procedures followed?					
6.	AI	Refusal to Assign support rights	b	Does documentation support the decision?					
7.	CC	Creditable Coverage (HP referral)	c	Was PI allowed 10 days to provide?					
8.	CM	Computer info match validated	d	Was the correct date of ineligibility used?					
9.	DH	Death	e	Was appropriate information used?					
10.	LC	Loss of Contact							
11.	NC	DCSE requirements not met							
12.	NE	No eligible child – MA only HP referral only							
13.	NS	No signature							
14.	NW	Not willing to pay premium (HP referral)							
15.	RI	Resides in an institution							
16.	RJ	Resides in jail							
17.	SE	State Employee (used for HP referral process ONLY)							
18.	TP	Refused to assign TPL							
19.	VB	Vol. W/D MA term EOM							
20.	VC	Fail to verify health coverage (used for HP referral process ONLY)							

ME DENIAL/CLOSURE WORKSHEET

					C	I	UD	D	NA
21.	VI	Failed to verify income	a	Were correct procedures followed?					
			b	Was the requested information necessary for MA?					
22.	VR	Moved, residence/location unknown	a	Were additional contacts attempted/documented?					
23.	VW	Voluntary withdrawal, immediate MA termination	a	Were appropriate time frames allowed?					
			b	Was the correct date of ineligibility used?					
			c	Does documentation support the decision? e.g. Should VB have been used					
			d	Was there a more appropriate reason? If so, what? _____					
24.	RS	Residency	a	Were residency and intent verified?					
25.	MB	Residency – Mother moved with NB – deemed NB only	a	Was correct date of ineligibility used?					
26.	Citizen-ship	HP referral process only US	a	Does documentation support decision?					
			b	Was the correct date of ineligibility used?					
			c	Was Emergency Services explored?					
*Answer all five questions in this section for 27 through 29									
27.	EI	Excess Income-No Continued coverage	a	Do Income work screens match Income screens?					
28.	IC	Excess income/child support alimony	b	Is the income calculated correctly?					
29.	TE	Increased Earned Income TMA	c	Does documentation support the decision?					
			d	Was the correct date of ineligibility used?					
			e	Is the correct type of income keyed?					
30.	IN	Failure to complete initial interview	a	Was appointment scheduled appropriately?					
31.	FR	Failure to complete review interview	a	Does the documentation support decision?					
			b	Was appt/renewal notice sent to the correct address?					
			c	Was renewal notification sent out appropriately?					
32.	SS	Social Security	a	Is an SSN required for the applicant?					
			b	Were appropriate time frames allowed?					
			c	Were all avenues for compliance explored?					
			d	Does documentation support decision?					

ME DENIAL/CLOSURE WORKSHEET

					C	I	UD	D	NA
33.	OE	Other Eligibility	a	PMMIS Interface-Other AHCCCS Eligibility – CLIP Process only					
34.	RM	Refused Medical	a	Was reason documented?					
35.	PP	Postpartum Terminated	a	Was the correct date of ineligibility used?					
			b	Was postpartum period calculated correctly?					
			c	Was determination made in another category?					
36.	DC	No Eligible Dependent child	a	Does documentation support the decision?					
37.	DI	Disabled ES referral to AHCCCS	a	Was the correct notice sent?					
38.	RA	Age 65 and over ES referral to AHCCCS	a	Was correct referral sent?					
39.	IM	Income exceeds standard (MD)	a	Was an income worksheet completed?					
			b	Was the correct income period used?					
			c	Was income received during spdn verified correctly?					
			d	Was income calculated correctly?					
			e	Was the correct income std used?					
			f	Was income data keyed correctly?					
			g	Was the correct expense period used?					
			h	Were expenses verified correctly?					
			i	Were expenses calculated correctly?					
			j	Was TPL explored/documentated & verified?					
			k	Was TPL used correctly?					
			l	Was exp data entered accurately on SPME and SPDC?					
			m	Is acceptable verification present?					
40.	ME	MD Approved in Error	a	Were correct procedures followed?					
41.	RE	Excess resources (MD)	a	Have resources been counted correctly?					
42.	RV	Failed to verify resources (MD)	a	Is resource reduction verified correctly?					
			b	Is acceptable verification present?					
43.	AL	Currently Receiving ALTCS	a	PMMIS checked for correct eligibility code?					
			b	Was the correct date of ineligibility used?					
44.	CR	Currently Receiving in another case	a	Does documentation support the decision?					
45.	SI	Currently receiving SSI	a	Was the correct date of ineligibility used?					
			b	Was the correct coding used in AZTECS?					

ME DENIAL/CLOSURE WORKSHEET

46.	NOTICES	C	I	UD	D	NA
a	Was a notice sent?					
b	Was the correct notice sent? (Budget, Verbiage etc.)					
c	Was the notice sent with adequate time allowed for NOAA?					
d	Was the notice sent to the appropriate address?					
e	Was each denied or closed member identified?					
f	Does the denial/closure reason match the code used?					
g	Was the correct legal reference included?					

CHANGE ACTIVITY

Case Name _____ Case Number _____ Site Code _____
 Reviewer _____ Review Date _____ Review Month _____

Score: Correct _____ Incorrect _____ Undetermined _____ Deficient _____

1	HOW WAS THE CHANGE REPORTED? Mark Y when applicable	Y	N			UD
A	Directly by the participant.					
B	Discovered through system reports. Run date					
C	Reported by a third party					

2	TYPE OF CHANGE Mark Y when applicable	Y	N			UD
A	Changes in Address					
B	Changes in Income					
C	Changes in Resources					
D	Changes in Shelter Costs					
E	Change in Household Composition					
F	Move Out of State					
G	Voluntary Withdrawal					
H	Early Review/Duplicate Application					
I	Other Specify:					

3	TRACKING OF ITEMS RECEIVED Mark Y when applicable	C	I	UD	D	NA
A	What kind of item was received: Change (C), Verification (V), or Other (O)?					
B	Were information and verification items for a pending (P) or active (A) case?					
C	Was the change item placed in the case file?					
D	Was the item date stamped? If so, what date?					
E	Was the item actually a change?					
F	What was the ACTS resolution date?					
G	What was the AZTECS completion date?					
H	Was ACTS and AZTECS resolve on the same date?					

4	GENERAL	C	I	UD	D	NA
A	Were actions pertaining to the change completed timely?					
B	Is the case in the current system month?					
C	Does documentation support the decision?					
D	Were appropriate actions taken for all HH members?					
E	Was the approval period correct?					
F	Have anticipated changes been considered?					
G	Was eligibility re-determined for members previously denied?					

5	Notices	C	I	UD	D	NA
A	Was a timely decision notice sent to the member?					
B	Were all appropriate notices sent? (Budget notices for each EI denial closure code used)					
C	Was the decision notice sent to the correct address?					
D	Are the participating persons correctly identified?					
E	Are the correct approval periods identified?					
G	Was the notice sent with adequate time allowed for NOAA?					
H	Does the denial / closure reason match the code used?					
I	Was the correct legal reference included?					

CHANGE ACTIVITY

COMMENTS

Change Type Codes

Change type codes are keyed into ACTS or display there through interfaces with other divisions within DES. The following is a list of those change type codes and the time frames for timely completion of the change.

CR	Change Report (FA-412)	10 Calendar Days
CS	DCSE Sanction	3 Work Days
DP	Death of a Participant	10 Calendar Days
EA	Early Application	10 Calendar Days
ER	Employer Reporting	10 Calendar Days
EX	Time Limit Extension	30 Calendar Days
FC	Foster Care Alert	5 Work Days
FH	Fraud Hotline	10 Calendar Days
IF	Information Request	10 Calendar Days
MC	Medical Change Received	10 Calendar Days
MD	Additional MED Expenses Reported	10 Calendar Days
NB	Deemed Newborn Report (CA, FS)	10 Calendar Days
NE	Deemed Newborn Report (MA only)	20 Calendar Days
NT	Navajo Nation Change Type	5 Calendar Days
OS	OSI Report	10 Calendar Days
OT	Other	10 Calendar Days
RM	Returned Mail	10 Calendar Days
SR	System Generated Reports Not Listed	10 Calendar Days
TJ	Information Exchange from NEW (FA-904)	10 Calendar Days
WD	Withdrawal or Stop Benefit / Fair Hearing Request	10 Calendar Days

Supervisor/Reader Worksheet

(Attach TarCATS Questions)

Case Name _____ Case Number _____ Site Code _____

Reviewer _____ Review Date _____ Review Month _____

App. Date _____ Rec'd Date _____ Int. Date _____ Det. Date _____

Supervisor/reader name _____

Score Correct _____ Incorrect _____ Undetermined _____ Deficient _____

Number	Question	Yes	No	Un Det	Def
1	Has the CATS Case Read Summary been provided for this case?				
2	Did the supervisor/reader identify an MA error?				
3	Is the case record history documented, signed and dated?				
4	Does the reader appear on action history?				
5	Has the case been returned to the EI for correction?				
6	Did the EI ask for an extension in order to make correction?				
7	Does this case have earned income?				
8	Were the corrections made in a timely manner?				
9	Using the ME case read form, are there incorrect actions being cited?				
10	Using the ME case read form, are there undetermined action being cited?				
11	Using the ME case read form, are there deficient actions being cited?				

Comments

ME DEEMED NEWBORN REVIEW WORKSHEET

Case Name _____ Case Number _____ Site Code _____

Reviewer _____ Review Date _____ Review Month _____

Score: Correct _____ Incorrect _____ Undetermined _____ Deficiency _____

Case Read Questions		C	I	UD	D	NA
1	Notification					
a.	Notified of birth by CR600. Yes No Date: _____					
b.	Notified of birth by client or other party? Yes No Date: _____					
2	Keying					
a.	Was the correct eligibility begin date used? (DOB: _____)					
b.	Has Deemed Newborn been authorized through current system month?					
3	Request for Information					
a.	Has the "Deemed Newborn Update Notice" (X113/M113) been sent?					
b.	Was information requested appropriate?					
c.	Has information requested on the X113/M113 been provided? Yes No (Due Date: _____)					
4	Follow-up/Documentation					
a.	If "yes" to number 3c, has AZTEC been updated?					
b.	If "no" to number 3c, were attempts to contact the PI documented on CADO or case record history, prior to closing the DNB?					
c.	Is the case file/CADO documented whether the baby remains with the mother in AZ?					
5	Notices					
a.	Was an approval notice sent at time of update?					
b.	Was denial notice been sent if no response to X113?					

Comments

REFERRAL WORKSHEET

Case Name _____ Case Number _____ Site Code _____
 Reviewer _____ Review Date _____ Review Month _____

App Date _____ Rec'd Date _____ Int. Date _____ Det. Date _____

Score: Correct _____ Incorrect _____ Undetermined _____ Deficient _____

1	BHS Referrals:	C	I	UD	D	NA
a.	No Interview necessary?					
b.	Was application registered in 24 hrs & correct referral source code keyed on RESE?					
c.	Was the correct application date used? (Date signed at BHS)					
d.	Was application completed timely? (within 45 days from date of application)					
e.	Was TAD completed and returned to Referral Source?					
2	KidsCare Referrals:					
a.	Was the correct application date used? (initial date received at KC office)					
b.	Was correct renewal application date used? (date received at R&A)					
c.	Were all adults requesting MA coded in on SEPA?					
d.	Was application timely? (20 work days from date received in L/O)					
e.	Is copy of suppressed denial notice in file & CADO documented?					
3	Baby Arizona Referrals:					
a.	Was application registered within 24 hours using the PR referral source code?					
b.	Was PR removed from all participants except mom & unborn?					
c.	Is date of application correct? (date signed and dated at provider office)					
d.	If citizenship requirements were not met was face-to-face interview scheduled?					
e.	Was RF keyed on SPRD for unborn & pregnant woman?					
f.	Was eligibility determination completed within 20 days?					
g.	Was provider notified via TAD the same day the decision was made?					
4	CSU Referrals:					
a.	Was application registered within 24 hours using the CU referral source code?					
b.	Is date of application correct? (date received at the CSU)					
c.	Was an interview completed?					
d.	Was application timely? (within 45 days)					
5	Health-E-App/Health-e-AZ					
a.	Was application registered within 24 hours, using the EZ referral source code?					
b.	Is date of application correct? (date app. was signed)					
c.	Was an interview completed when required?					
d.	Was Health-E-App ID number & sequence number keyed?					
e.	Was application identified as expedited, and completed timely? (i.e. PG, Hosp)					
f.	Was CADO documented with reason others on application are not applying?					
6	General:					
a.	Was the application date stamped when received at the local office?					
b.	Were correct procedures followed when the PI has an active/pending MA case?					
c.	Were all mandatory BU members included:					
d.	Were correct procedures followed to request additional information?					
e.	Were all eligibility factors met?					
f.	Was the correct notice sent?					

REFERRAL WORKSHEET

Comments

PDQC Referral Process Worksheet

Case Name: _____ **Case Number:** _____ **Site Code:** _____
Reviewer: _____ **Review Date:** _____ **Review Month:** _____
App. Date: _____ **Rec'd Date:** _____ **Int. Date:** _____ **Date referred to PDQC:** _____
Date findings documented in case file: _____ **Date of approval:** _____

SCORE: CORRECT __ **INCORRECT** __ **UNDETERMINED** __ **DEFICIENT** __

1. Was a referral to PDQC appropriate?		Y	N
2. Which of the following criteria was met?			
A. <input type="checkbox"/> AZ residency verified by declaration only	F. <input type="checkbox"/> Info between App. and case screens conflict		
B. <input type="checkbox"/> PI of working age but receives total in-kind	G. <input type="checkbox"/> PI changes story during interview		
C. <input type="checkbox"/> Claimed income is self-employment	H. <input type="checkbox"/> Evidence of altered document		
D. <input type="checkbox"/> Pregnant woman claims no SP in HH			
E. <input type="checkbox"/> Expenses exceed claimed income			
3. Was a referral to PDQC made?			
4. When referred appropriately, was the referral timely?			
5. Was a PDQC investigation completed?			
6. Were the PDQC findings documented in the case file?			
7. What was the result of the investigation? _____			
8. Were the PDQC findings/inconsistencies resolved prior to approval of the case?			
9. Did the supervisor override the PDQC findings?			
10. Does CADO documentation support determination/solution of discrepancies?			

Comments:

PUBLIC INFORMATION MATERIALS

POSTERS	Available / Displayed	Missing	Back Order	Possible Score	Score
Pre-Enrollment				5.0%	
KidsCare				5.0%	
Limited English Proficiency (LEP)				5.0%	
Fraud Prevention				5.0%	
WRITTEN INFORMATION					
Early Periodic Screening, Diagnosis and Treatment (EPSDT)				5.0%	
WIC				5.0%	
I Must Report Changes				5.0%	
American with Disabilities Act (ADA)				5.0%	
Enrollment/Provider Selection Binder				30%	

QUESTIONS

SCORE

Is there a process in place for ordering/reordering written materials? Y N 15.0% _____

Are all written materials placed in a location accessible to the client? Y N 15.0% _____

TOTAL

100.0% _____

COMMENTS

For each brochure that is not available, each poster that is not displayed correctly, deduct the appropriate percentage from the total score. Total score is weighted 5% of office score

**Department of Economic Security
Family Assistance Administration**

Corrective Action Plan (CAP)
for
Site Code (Enter site code)
(Enter date)

**Prepared in Response to
The AHCCCS Management Evaluation (ME) Review
Conducted During the Week of (Enter Date)**

I. Overview

This section provides an overview to your Corrective Action Plan (CAP). Examples are provided below.

Example 1:

The AHCCCS Management evaluation team conducted a management review of the Uptown Office (XXXC) on August 11-14, 2003 for the review period of July, 2003. The purpose of the review was to obtain accurate and reliable information regarding the processing of applications for Medical Assistance within the office.

This Corrective Action Plan will identify initiatives that will be undertaken to address those areas that the review found to be in non-compliance (less than 80%) These areas are:

Deemed Newborn:	72%
Denial/Closures:	76%
Supervisor Case Reads:	60%

Example 2:

The AHCCCS Management Evaluation team conducted a re-review of the Uptown office (XX1C) on August 11-13, 2003. The period reviewed was July, 2003. The purpose of the ME re-review was to determine whether areas identified as non-compliant in the February 2003 review are now in compliance.

Only the areas that scored below 80% non-compliant in the initial review were subject to the re-view. The areas re-reviewed were:

- Approvals
- Deemed Newborn
- Supervisor Case Reads
- QA Case Reads
- Referrals

The corrective action plan (CAP) will identify trends, demonstrate the occurrence of the problems and propose solutions that we expect will reduce the possibility of the elements producing deficient and/or erroneous case work in the future. The goal of our corrective action plan is to achieve a higher level of accuracy in all our cases.

II. Background

Describe the process that your office used to analyze and evaluate the findings and to develop solutions. This may include (but is not limited to):

- Quality Techniques workshops
- Root cause analysis session(s)
- Consultation with district management
- Consideration of the recommendations from ME

Be sure to include (by title) who participated in the review and analysis of the information and the development of the quality initiatives.

III. Identification of Trends

Identify the trends that were identified when the findings were reviewed and analyzed, and the review area(s) where the trend was observed. The trends may be tied to a specific review area or may cross more than one review area. The same trend may appear in both error and deficient cases.

Some examples of trends are:

- 3-step verification process not followed.
- PDQC referral was indicated but not made.
- EEI is not evaluated and resolved.
- Decision Notices were not issued.
- Case read correction not made timely.
- The case read process does not detect all errors and deficiencies
- Information in file does not support the income projected.

IV. Trend Analysis and Proposed Initiatives

Trend Analysis: Discuss the root cause(s) for each error trend. A trend may have more than one root cause and the same root cause may be found in more than one trend.

Initiatives:

Describe each of the quality initiatives (solutions) that you have implemented or will implement to address each error trend. These initiatives may be a combination of measures that have been proposed by the local office and/or initiatives that are being implemented on a district or statewide basis. Your initiatives may also include one or more of the recommendations made by the ME review team.

A single initiative may address:

- more than one trend or root cause
- more than one review area
- the same trend or root cause in more than one program---i.e. FS, CA, MA.

An initiative should relate directly to the root cause of the error or deficiency trend that it is intended to address.

Each initiative should include:

- what you plan to implement
- when you plan to implement
- training dates (if applicable)
- sample or draft, forms, logs, or checklists, if applicable
- the review area(s) the initiative will effect
- how it will be monitored
- who will be monitoring and evaluating
- when you expect to see improvement as a result of the initiative

V. Summary

Include or attach a **summary** of the trends, review areas where they occurred, a brief description of the corrective action, implementation date(s), and how the initiative will be monitored. A suggested format is the table below.

Trend	Review Areas	Initiative	Implementation Date(s)	Monitored	
				By	How

Indicate **the person responsible** (Name, title, and phone number) for ensuring that the CAP initiatives are implemented and monitored. This usually will be the LOM. It is suggested that a backup individual also be listed in the absence of the LOM.

Any additional closing comments, recommendations, concerns, information may be included in this section.

Addendum

(All cases reviewed that are determined to be less than correct must be listed. Using the format below, Indicate the action taken to address and resolve the findings.

Case Name: _____
Case Number: _____
Review Area: _____

Cited for: _____

Action Taken: _____

Case Name: _____
Case Number: _____
Review Area: _____

Cited for: _____

Action Taken: _____

Case Name: _____
Case Number: _____
Review Area: _____

Cited for: _____

Action Taken: _____

Case Name: _____
Case Number: _____
Review Area: _____

Cited for: _____

Action Taken: _____

Add additional "grids" as necessary.